

MONTANA LEGISLATIVE HISTORY

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Chapter 402 19 95

Bill H 121 S _____ Original bill & history C

H. Committee on Human Services & Aging

Hearing Date(s) Jan 16 ☒ C

_____ ☐ C

_____ ☐ C

_____ ☐ C

Date Out Jan 16 ☒ C

S. Committee on Public Health, Welfare & Safety

Hearing Date(s) Mar 03 ☒ C

Mar 10 ☒ C

Mar 15 ☒ C

Mar 24 ☒ C

Mar 24 ☒ C

Did this bill originate in an interim committee? ☐ Yes ☐ No

Committee _____

Report _____

1/24	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
1/26	2ND READING CONCURRED	48	0
1/27	3RD READING CONCURRED	49	0
RETURNED TO HOUSE WITH AMENDMENTS			
3/01	2ND READING AMENDMENTS CONCURRED	86	13
3/02	3RD READING AMENDMENTS CONCURRED	90	9
3/03	SIGNED BY SPEAKER		
3/04	SIGNED BY PRESIDENT		
3/06	TRANSMITTED TO GOVERNOR		
3/09	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 91		
	EFFECTIVE DATE: 03/09/95		

HB 120 INTRODUCED BY SHEA, ET AL.

INCREASE TO 10 YEARS THE TERM THAT SCHOOL DISTRICT TRUSTEES
MAY, WITHOUT A VOTE OF DISTRICT ELECTORS, ISSUE AND SELL
SHORT-TERM OBLIGATIONS TO THE BOARD OF INVESTMENTS

1/10	INTRODUCED		
1/10	FIRST READING		
1/10	REFERRED TO EDUCATION & CULTURAL RESOURCES		
1/18	HEARING		
1/24	COMMITTEE REPORT—BILL PASSED AS AMENDED		
1/26	2ND READING DO PASS MOTION FAILED	44	56

HB 121 INTRODUCED BY SIMON, ET AL.

REVISE SCOPE OF PODIATRY TO INCLUDE THE HUMAN ANKLE

1/10	INTRODUCED		
1/10	FIRST READING		
1/10	REFERRED TO HUMAN SERVICES & AGING		
1/16	HEARING		
1/17	COMMITTEE REPORT—BILL PASSED		
1/18	2ND READING PASSED	94	2
1/20	3RD READING PASSED	95	2
TRANSMITTED TO SENATE			
1/21	FIRST READING		
1/21	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
3/03	HEARING		
3/14	TABLED IN COMMITTEE		
3/27	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
3/29	2ND READING CONCURRED	35	13
3/30	3RD READING CONCURRED	38	12
RETURNED TO HOUSE WITH AMENDMENTS			
4/04	2ND READING AMENDMENTS CONCURRED	81	19
4/05	3RD READING AMENDMENTS CONCURRED	73	27
4/07	SIGNED BY SPEAKER		
4/08	SIGNED BY PRESIDENT		
4/10	TRANSMITTED TO GOVERNOR		
4/13	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 402		
	EFFECTIVE DATE: 10/01/95		

HB 122 INTRODUCED BY RANEY, ET AL.

PROVIDE THAT IF MAJORITY OF PERSONS AND ENTITIES SUBMITTING
WRITTEN OR ORAL COMMENT TO DEPARTMENT OF FISH, WILDLIFE,
AND PARKS IS OPPOSED TO DEPARTMENT'S PROPOSED
IMPROVEMENT OR DEVELOPMENT OF A STATE PARK OR FISHING

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN DUANE GRIMES, on January 16, 1995, at
3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: Rep. Susan L. Smith

Members Absent: None

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: HB 121
Executive Action: HB 121 DO PASS

Tape 1 - Side A

HEARING ON HB 121

Opening Statement by Sponsor:

REP. BRUCE SIMON said this bill would revise the scope of podiatry to include the human ankle. Currently podiatrists can treat the foot and the soft tissue up to the knee. It is illegal for a podiatrist in Montana to treat the ankle. Many Montana

podiatrists are taking patients out of state to be treated and operate on the ankle. Podiatrists are highly trained individuals and are under the Board of Medical Examiners. They are considered physicians in the state of Montana.

Proponents' Testimony:

Dr. Loren Rogers, Missoula, said he had practiced as a podiatrist/physician for 21 years. He has held hospital privileges in six hospitals in southwestern Montana. Dr. Rogers was also one of the first podiatric surgeons to become credentialed in hospital privileges in Missoula. Thirty-eight states have licensure to include the ankle. The podiatrist is licensed to do any surgical procedure in the ankle or foot and to diagnose and treat any malady of the foot. The credentia in a hospital realm are basically the guidelines and the control factors that limit the podiatrist or podiatric surgeon and physician to their level of expertise. Credentia committees review physicians when they have the credentials to do surgical or medical procedures. These credentia committees look at the doctor's educational background, experience, and residency work. The review is done on a local basis.

Dr. Jim Clough, D.P.M., Great Falls, said the training of podiatrists is extensive. Many obtain pre-medical undergraduate degrees. Podiatry school has a four-year curriculum. One year of postgraduate training in a hospital is required. Residency training programs range from one to three years in podiatry. Currently podiatrists are regulated by the Board of Medical Examiners. EXHIBIT 1

Dr. David Andrew Wolfe, D.P.M., Billings, said he will submit written testimonies from three of his patients along with his own written testimony. Patients have been forced outside of the state to have procedures done. EXHIBIT 2

Dr. Matthias H. Fettig, D.P.M. EXHIBIT 3

Opponents' Testimony: None.

Informational Testimony: None

Questions From Committee Members and Responses:

REP. JOHN BOHLINGER asked Dr. David Wolfe, D.P.M., if the medical credentials received would permit a podiatrist to work at either St. Vincent's Hospital or Deaconess Medical Center. Dr. Wolfe replied yes. REP. BOHLINGER then asked, "You often have to travel out of state with your patients for surgery. This involves considerable added expense to the patient. How much money is involved?" Dr. Wolfe replied it had been an expense for himself as well as the patient and he missed several days of work traveling. The patient had to pay for lodging, meals, out-of-state hospital charges and airfare.

REP. BOHLINGER remarked that those revenues were then lost to out-of-state doctors and asked what those costs would have been in the Billings area. Dr. Wolfe answered that the costs would have been considerably less.

CHAIRMAN GRIMES asked REP. SIMON if this legislation would take away the opportunity for orthopedic surgeons to perform. REP. SIMON replied no. CHAIRMAN GRIMES then asked if the definition is standard. REP. SIMON replied yes.

CHAIRMAN GRIMES asked Dr. Rogers how many podiatrists and how many orthopedic surgeons are in Montana. Dr. Rogers answered that there are close to thirty practicing or licensed podiatrists and three times as many orthopedic surgeons.

REP. BONNIE MARTINEZ asked Dr. Rogers why podiatrists are not able to practice in the hospitals. Dr. Rogers replied that podiatrists are able to practice in the hospitals and said "our bone of contention is truly the ankle." The ankle is a mutual bone of the foot, as well as the lower leg creating an ankle joint. Podiatrists are allowed to do surgical procedures on the total foot, which does include the ankle. Herein lies the gray area. Being allowed to work in the hospitals is determined by the credentialing committee.

REP. KEN WENNEMAR asked Dr. Rogers to explain the difference between a podiatrist and an orthopedic surgeon. Dr. Rogers explained that an orthopedic surgeon is a specialist dealing with osteostructures of the entire body. His educational process virtually parallels podiatry. His residency will extend several years longer than a podiatrist. That is not to say he is more educated in the foot; his knowledge extends to other areas of the body. Podiatrists are most knowledgeable on the foot and ankle area. Residency programs for podiatrists are directed toward this training. However, podiatrists have had exposure to treating other areas of the body as well.

REP. DEB KOTTEL asked Dr. Rogers if it is not uncommon for multiple professions to share in the treatment of a particular area and are examples available. Dr. Rogers replied that they do have cases like that.

REP. KOTTEL then asked Dr. Rogers if it is not true that there are many hospitals that specialize in podiatry. Dr. Rogers answered that there are speciality hospitals for podiatry.

REP. KOTTEL asked Dr. Rogers if it is true that if podiatrists carry medical malpractice insurance and fall below medical standards, they can have their license revoked. Dr. Rogers replied that the board of medical examiners controls these doctors and addresses doctors of any problems that may arise. They set the limits and standards by which doctors must perform.

Closing by Sponsor:

REP. SIMON thanked the committee for their questions and assistance to help clarify this bill. He said this is an opportunity to take one small step towards improving access for health care to the citizens of Montana. He hoped the committee would consider a favorable vote for this bill.

EXECUTIVE ACTION ON HB 121

Motion/Vote: REP. SIMON MOVED THAT HB 121 DO PASS. The motion carried unanimously.

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 1/16/95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith			✓
Rep. Loren Soft	✓		
Rep. Ken Wennemar	✓		



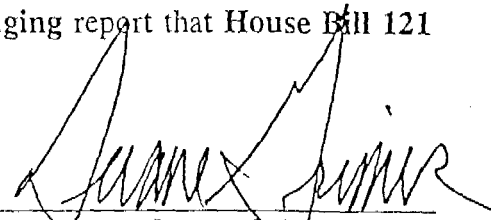
HOUSE STANDING COMMITTEE REPORT

January 16, 1995

Page 1 of 1

Mr. Speaker: We, the committee on Human Services and Aging report that House Bill 121 (first reading copy -- white) do pass.

Signed: _____


Duane Grimes, Chair

1-17

Committee Vote:
Yes 16, No 0.

131720SC.Hdh

HOUSE OF REPRESENTATIVES

ROLL CALL VOTE

Human Services and Aging Committee

DATE 1-16-95 BILL NO. HB121 NUMBER _____

MOTION: Simon move "do pass" on HB121

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner	✓	
Rep. Ellen Bergman	✓	
Rep. Bill Carey	✓	
Rep. Dick Green	✓	
Rep. Toni Hagener	✓	
Rep. Deb Kottel	✓	
Rep. Bonnie Martinez	✓	
Rep. Brad Molnar	✓	
Rep. Bruce Simon	✓	
Rep. Liz Smith	✓	
Rep. Susan Smith	✓	
Rep. Loren Soft	✓	
Rep. Ken Wennemar	✓	



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

EXHIBIT 1

DATE 1-16-95

HB 121

James G. Clough, D.P.M.
David B. Huebner, D.P.M.

To Members of the House Human Services and Aging Committee:

Podiatrists are the major providers of foot care services in the United States. We are fortunate to enjoy the best foot care in the world, largely due to the contributions of the Podiatrist.

The training of a Podiatrist is very similar to that of allopathic physicians. We obtain pre-medical training at Colleges and Universities and take the Medical College Aptitude Tests. The four year podiatry college is similar in focus to that of traditional medical school. In fact, during the first two years of our training our classes are about identical. Our third and fourth years prepare us for our specialty as foot care providers. Post-graduate training programs serve to prepare us to function at hospitals and give us additional training in areas of specialty, such as foot surgery. Montana currently requires one year of residency for licensure. Programs vary in length from 1-3 years.

We are currently licensed and regulated by the Board of Medical Examiners. A podiatrist does have a seat on the Board. Many Podiatrists in Montana are on staff at their local hospitals, and are credentialled by the medical staff.

The model law as proposed by the American Podiatric Medical Association includes the ankle-joint in its scope, and indeed 30 states now include the ankle joint in the scope of practice of a podiatrist. The reason for this is very clear, the ankle joint is an integral part of the foot function and cannot be easily seperated into a seperate unit. Any textbook on foot surgery will reveal this truth, where the ankle joint is considered part of the foot and included in the context of treating foot problems. As a result of this, the podiatrist receives extensive training in the evaluation and treatment of ankle conditions.

The surgical board recognized by the APMA is The American Board of Podiatric Surgery, its journal is titled The Journal of Foot and Ankle Surgery. Even the orthopedic foot society titles their journal Foot and Ankle. My Board Certification is in Foot and Ankle Surgery.

How appropriate it is then, that we should be allowed in the state of Montana to treat ankle disorders. These procedures will largely be credentialled by the medical staff of our local hospitals, just as the foot procedures we currently perform are.



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

James G. Clough, D.P.M.
David B. Huebner, D.P.M.

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

The well qualified podiatrist will seek practice in states allowing them to utilize the full scope of their training. If Montana wants to attract the best doctors then we need to change the law. If Montana wants to keep the best doctors, then we need to change the law. If Montana wants to provide a better selection of doctors to provide ankle care in our communities, then we need to change the law. A vote for Bill 121 is a vote for better quality ankle care by a larger group of qualified physicians. I urge you strongly to consider Bill 121 and I would offer to talk with you if you have any questions at all regarding this bill.

Thank you for your consideration.

Sincerely,

James G. Clough, D.P.M.

DECLARATION OF D. ANDREW WOLFE, D.P.M.

EXHIBIT 2
DATE 1-16-95
HB 121

1 I, David Andrew, (Andy) Wolfe, D.P.M., hereby declare:

2 1. I am a doctor of podiatric medicine licensed by the Board
3 of Medical Examiners and am in active practice at 1690 Rimrock
4 Rd., Suite L, Billings, Montana. I am a third generation
5 Montanan and have come from a long line of health care
6 practitioners including a dentist and two medical doctors
7 providing service to Montanans in Columbus and Bozeman.

8
9 2. Like most doctors of podiatric medicine, I took a
10 pre-medical curriculum in undergraduate school. I attended
11 Carroll College and Montana State University at Bozeman
12 and graduated from MSU participating in the University Honors
13 Program. Other academic honors including Alpha Epsilon Delta
14 (Pre-Medical Honor Society), Mortar Board and Phi Kappa Phi.
15 Upon graduation I had difficulty deciding which of the three
16 branches of medicine that I wanted to pursue. Allopathic
17 medicine (Medical Doctor/M.D.), Osteopathic Medicine (Doctor
18 of Osteopathy/D.O.) and Podiatric Medicine (Doctor of
19 Podiatric Medicine/D.P.M.) all had their merits. It was at
20 the MSU Career Center that I learned the Federal Government
21 performed a study and rated podiatric medicine among the top
22 ten professions to participate in the 1990's based on need.
23 It was explained to me that there is a projected shortage of
24 foot and ankle providers as the "baby boomers" in the American
25 population age. Thus, I chose to become a podiatric

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 physician. In professional school, prospective podiatric
2 physicians receive their curriculum at one of seven podiatric
3 medical schools in the United States. I was fortunate
4 in receiving a WITCHE scholarship from the State of Montana
5 which paid for a significant portion of my tuition. The
6 course of instruction leading to the degree of Doctor of
7 Podiatric Medicine (D.P.M.) is four years in length. The
8 first two years are largely devoted to classroom instruction
9 and laboratory work in the basic medical sciences. This
10 includes microbiology, biochemistry, pharmacology, pathology
11 and both gross and lower extremity anatomy. These first two
12 years of instruction are very similar to the allopathic
13 medical schools. Some of my instructors taught the exact
14 same classes in another nearby medical school. During the
15 third and fourth years, as students we concentrated more on
16 clinical courses. Although we studied some general medicine,
17 emergency medicine and general diagnosis, this was where a
18 podiatric education diverged with an allopathic education.
19 We concentrated far more on the lower extremity and began to
20 specialize. Toward the end of my fourth year, I participated
21 in externships at large teaching hospitals. These included
22 San Francisco General Hospital, Fifth Avenue Medical Center in
23 Seattle, Kaiser-Vallejo Hospital and Ft. Miley Veterans
24 Administration Hospital. Often, the orthopedic resident
25 doctors that I worked along-side in these hospitals relied

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 upon my expertise in foot and ankle problems when managing
2 lower extremity pathology. After obtaining the degree of
3 Doctor of Podiatric Medicine (D.P.M.) and passing national
4 board examinations, I participated in a two year surgical
6 residency program. This post-doctorate training required
7 me to be a resident physician at Western Medical Center.
8 This was a major shock trauma center located in Orange County,
9 California. The attending physicians overseeing my work and
10 teaching me were Medical Doctors, Doctors of Osteopathy and
11 Doctors of Podiatric Medicine. In the first year, my
12 rotations included pathology, anesthesia, general surgery,
13 general medicine and podiatric surgery. I assisted in many
14 types of surgeries throughout the body including the foot and
15 ankle. In my second year, my rotations were much more
16 limited to the foot and ankle and the attending physicians
17 under whom I learned were primarily podiatric surgeons and
18 orthopedic surgeons. During both years I rotated through the
19 emergency room treating a variety of problems including
20 everything from ankle fractures to heart attacks and even
21 delivering babies while under the supervision of the
22 emergency room attending physicians. It was here I received
23 advanced cardiac life support certification. I worked in my
24 residency program over 120 hours a week for two years straight
25 with no time off.

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1
2 3. Upon return to my native state, I was chagrined to learn
3 that although Montana helped finance me to become a foot and
4 ankle specialist, I could not practice on the ankle because of
5 an archaic practice act. This was set into place back in
6 the days when podiatric physicians did not receive ankle
7 training as part of their standard curriculum and practiced
8 only on the feet. To keep my skills sharp, I have been forced
9 to take my patients with ankle problems requiring bone surgery
10 out of state. Not only does this pose a significant
12 inconvenience to my patients, but revenue generated by these
13 surgeries is going to out of state hospitals and is not
14 supporting our own community hospitals. For those cases that
15 are emergent and require immediate surgery, I have been forced
16 to pass the patient off to an orthopedic surgeon. Some
17 patients have complained that they specifically wanted a
18 specialist and that is why they came to me. I have been
19 forced to explain that, although I was trained to diagnose
20 their problem and perform their surgery, I cannot legally
21 treat them within the Montana borders at this time.

22
23 4. The Montana Podiatric Medical Association is concerned
24 about the difficulty in attracting the most skilled and
25 highly trained foot and ankle specialists to this state when

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 a podiatric physician can only practice a fraction of what
2 they were trained to do under the existing Montana law. I
3 know of one case in Bozeman already where an excellent
4 surgeon passed up Montana because of our practice act.

5
6 5. To include the ankle in the practice act does not mean
7 that every podiatric physician can perform ankle surgery.
8 Surgeons must prove proper training for every procedure
9 they wish to perform to the hospital credentialing
10 committee. This written application for each of the specific
11 surgeries the physician wishes to perform is reviewed and
12 temporary privileges are either granted or denied based upon
13 the findings of the credentials committee. If temporary
14 privileges are granted, the surgeon must then perform this
15 procedure with a proctor present for as many times as the
16 credentials committee sees fit. At any time, if incompetence
17 is noted, privileges to perform the surgery can be denied.

18
19 6. Inclusion of the full range of podiatric services into
20 this state's practice act will give Montanans a chance to
21 receive their care from a specialist and provide them a
22 better choice of health practitioners to choose from.
23 Increased competition for the health care dollar can only
24 benefit the consumer requiring service. On behalf of the

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 Montana Podiatric Medical Association, I strongly advocate
2 that the Practice Act for Podiatric Physicians be made
3 current by including ankle into the scope of practice. I
4 declare under penalty of perjury that the foregoing is true
5 and correct.

D. ANDREW WOLFE, D.P.M.



January 14, 1995

Montana State Legislature
Capital Building
Helena, MT

And to whom it may concern;

Honorable Montana State Legislators, my name is Diana Morrosis Haker, BSN, BS. Education, R.N. I am currently a registered nurse in the State of Montana. For the past three years, I have worked on the orthopedic floor of Saint Vincent Hospital and Health Center located in Billings, MT. This is where I first met Dr. D. Andrew Wolfe, podiatrist. In the past, I have taken care of many of Dr. Wolfe's patients that were sent to the orthopedic floor. During that time, I found Dr. Wolfe to be a very caring, considerate, compassionate, and knowledgeable physician of podiatry/surgery.

One night during my shift, I was talking to Dr. Wolfe about how flexible my ankles were. I was at that time tripping on the carpet that St. Vincent Hospital had placed in the halls and patient rooms. My ankles were constantly being twisted. After that discussion with Dr. Wolfe, I made an appointment to see Dr. Wolfe about the problem I was having with my ankles. I had a diagnosis of right and left lateral ankle instability. I received a pair of orthotics that Dr. Wolfe made for me. This helped greatly, but my ankles would still occasionally twist.

The next step was surgery. I decided to have Dr. Wolfe perform surgery on my right ankle. Dr. Wolfe has performed this type of surgery on professional athletes with great success.

I had to travel round trip from Billings to Tuscan, California for my surgery. Why you ask? Because podiatrist cannot do ankle surgery in Montana, they can in California and many other states.



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In California, I received excellent care at Tuscan Hospital. I feel that it would have been nice for Dr. Wolfe to be able to do this surgery in Montana. First, I went down to a place I have never been to. Second, my family could not come and be a support to me during my medical stay. Even with these negatives, I still felt that I made the best decision to have Dr. Wolfe perform surgery. He was in my opinion the best person to do this surgery.

To make a long story short, I had a right ankle arthroplasty and articular surface bossing done on June 3, 1994. All of my right lateral ankle ligaments were torn and causing great damage that would eventually cause severe arthritis unless I elected to have surgery to correct the problem. At this time, I am 100% satisfied with the results. I have a stable right ankle for the first time and have complete range of motion without pain.

Even though it is extremely inconvenient to have surgery in California, I am having Dr. Wolfe perform surgery to my left ankle. This will be done in the near future. I feel that even though it is expensive to go to California, I will travel again to have surgery.

As an orthopedic nurse and a patient who has had ankle surgery I feel that it is a great injustice for the great State of Montana not to allow podiatry surgeons to perform ankle surgery. Montana is losing valuable income and potential customers that would elect to use our health system if they were able to do ankle surgery. It is also extremely wise to allow the best specialist to do the surgery, who better than a specialist whose area is feet/ankles.

EXHIBIT 2
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page three

Honorable Montana State Legislators, I hope you take this small testimony and elect to have podiatry/surgeons do ankle surgery in this great state of Montana. I know it is the right decision.

Thank you for your time concerning this matter, I remain,

Sincerely,

Diana Morrosis Haker R.N.

Diana Morrosis Haker R.N.
1556 Pacific Ave.
Worden, MT 59088-0014

dmh.

Marjorie "Charlie" Koski
208 E. Front St.
P.O. Box 397
Joliet, Montana 59041

January 12, 1995

Montana State Legislature
Helena, Montana

Re: Podiatrists

Sir:

Having been born with a "Club foot", has brought years of Dr. visits and unsuccessful corrective surgeries. From birth, I have been treated by Orthopedic Surgeons. The pain grew to unbearable proportions. I could not walk any distance without pain in my foot and ankle, and was using crutches to aid me in getting around. I knew there was "something wrong", but could not receive any "help" from Orthopedic Surgeons. My inability to carry out essential daily activities became so severely limited, *I sought out a podiatrist*. I have been a patient at "Billings Foot Care" as of 1993, and *know* I have had better care and more concern from Dr. Wolfe than I have ever received from any Orthopedic Surgeon.

Dr. Wolfe determined that corrective surgery was required on my ankle in order to walk without pain. As for hospitals, there are two in Billings, (thirty miles from my home), so the surgery could be done there, I thought. But there is an antiquated State Law and medical politics toward Podiatry Surgeons, which would stop this surgery from taking place, at least here.

There was NO CHOICE, I had tried every treatment available and the surgery was necessary! Dr. Wolfe cared enough about me, as his patient, that we traveled out of state so the surgery could be done. The travel expenses, ie: airfare, motel, meals, and car rental were out of our respective pockets. Both of our lives had to be rearranged. Dr. Wolfe's other patients had to be taken care of while he was away, and because of the additional expense, my family could not be with me, when I needed them the most. Therefore, Dr. Wolfe was the person that I put all my trust and faith in, not only for the surgery, but the return flight back to Montana. Our airline flight left Billings Thursday, January 26, 1994, I was in the hospital for surgery the following day, Friday the 27th, one day of recovery was Saturday the 28th and I was discharged from the hospital Sunday the 29th, for a return trip home.

Complications included swelling, blisters, danger of having my foot bumped enroute to the airport, on the airplane, and enroute from Billings to home, entailed additional expense, because of necessary cast removal and replacement. Also, Flight connections were of great concern to Dr. Wolfe. Struggling on crutches, with a full length leg cast, I had to climb the stairs of a commuter plane, only to turn around and struggle again to deplane, due to engine problems, and then, return to the terminal to be rerouted. While Dr. Wolfe went to the other end of the *enormous terminal* to arrange a connecting flight, and because I had no family with me, he had to leave me in the care of an airport employee, who was to arrange for a "Skyboy" (which she did not do--She forgot about me), to wheel me to the opposite end of the terminal, to meet up with Dr. Wolfe. Because I did not show up at the other end of the terminal, Dr. Wolfe ran the full length of the terminal, and then pushing me in the wheelchair, ran all the way back to the other end of the terminal to catch the connecting flight that had been arranged. We missed that flight, and again, another flight connection had to be arranged. My leg was so swollen, I was miserable, and all I wanted to do was lie down, elevate my leg, go to sleep and hope this trip was just a horrible nightmare. This was an uncomfortable and strenuous trip back to Montana within two days of having major surgery. All of this, because of state and medical politics! Oh, did I forget to mention that the thousands of dollars for this surgery were Not spent in Montana!

As I am still in treatment, I am not only faced with another surgery, but also the question as to whether the State and Medical Politics will allow me to have this surgery in a Montana hospital, or will it be held against me, that *My Doctor of Choice* is a Podiatrist?

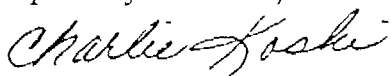
Being a native Montanan, I am appalled, that *my* state government, the elected people that *represent me*, would allow the kind of law and child's play by professionals at the risk of a patient's well being. I am pleading with you to change this law and the attitudes of professionals toward patient's safety and welfare.

Reflecting back on this harrowing trip, would I have gone to a different doctor for convenience sake? Absolutely Not!! I cannot help but think about the futility of the positive aspect of being able to have my family drive me to a Billings hospital for surgery and bring me home, for a comfortable trip and recovery, instead of this trip from Hell. In my opinion, this trip was inconvenient, expensive and dangerous, but *essential*.

Had it not been for Dr. Wolfe's interest in me as a patient in pain, his expertise, knowledge and superior ability as a Podiatrist and Surgeon, my hopes for the future would be extremely dim, if he had not operated on my foot *and* ankle. No physician has ever been so dedicated, or kept his medical oath, as Dr. Wolfe has. He has genuine care and interest for myself and all of his patients.

I write this in hopes that other people will benefit from my traumatic experience.

Respectfully Submitted,



Marjorie "Charlie" Koski

EXHIBIT 2

DATE 1-16-95

HB 121

1/13/95

915 N. 22nd St

I broke & twisted my ankle when I fell in Feb. of 94. I went to Dr. Andrew Holte and after x-ray he told me I must have surgery.

He called an orthopedic surgeon who did the surgery with him as assistant. I would have preferred for the podiatrist to do the surgery because he is a foot and ankle specialist.

Sincerely,
Allizane Jones



MONTANA FOOT CLINIC

A Podiatric Medical & Surgical Group

Mathias H. Fettig, D.P.M.
Thomas M. Countway, D.P.M.

EXHIBIT 3
DATE 1-16-95
HB 121

HOUSE HUMAN SERVICES & AGING COMMITTEE

RE: House Bill 121: Scope of Practice Legislation (Ankle)

On behalf of my absence today, I would like to express my support to House Bill 121. This bill would encompass the expansion of treatment of the ankle to the Podiatric Medical Society in the state of Montana.

As a current practicing Podiatric Surgeon in Billing, I have not been able to exercise the entire scope of my residency training I received 10 years ago at the University of Texas at San Antonio. At this University setting, I trained within a multi-disciplined medical environment which included the ankle as an integral anatomical part of complete Footcare & Surgery to the lower extremity.

As the records show, the state of Montana is one of only several states that has not progressed to include Podiatric Physicians to treat the ankle in their scope of practice. I feel that this expansion of practice to the ankle would increase the quality of care and enable competent Podiatric Physicians to participate in complete foot and ankle care to the patients of Montana.

Thank you for the consideration of the passage of this House Bill 121.

Cordially,

Mathias H. Fettig, DPM

file: 33.015

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE 1-16-95

BILL NO. HB 121 SPONSOR(S) Simon

PLEASE PRINT

PLEASE PRINT

* PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
LEEN L. ROGERS	HB 121	✓	
Rose Hughes	MT PODIATRIC MED. ASSN.	✓	
D. ANDREW WULFE DPM	" "	✓	
James G. Clough DPM.	" "	✓	
SUE WEINGARTER	MPMA	✓	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS
ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HR:1993

wp:visbcom.man

CS-14

Proponents' Testimony:

Joe Brand, State Legislative Chairman, Veterans of Foreign Wars of Montana, said this resolution came out of Interim Committee, the bill by the last session of the Legislature. They felt the lack of nursing home facilities in Montana was one of the problems for veterans. The veterans do not have a nursing home attached to a hospital in Montana. If this facility is built, it will be built beside the hospital at Fort Harrison, and will be a government facility at no cost to the taxpayers of Montana, but a cost to the taxpayers of the United States. He thinks it's the government's obligation that these facilities be built in Montana, because the Federal Government does not have one nursing home in Montana.

John Sloan said he is a former DAV service officer with 40 years of service at Fort Harrison, and former advisor to the Veterans Affairs Committee in Washington, D.C. He said 60% of the veterans in Montana live within 150 miles of Fort Harrison, and the construction of a nursing home would not cost the state of Montana anything. This facility was supposed to be built in 1979, but the date was moved back several times.

Dick Baumberger, representing the Disabled American Veterans, spoke in favor of HJ 4.

Opponents' Testimony: NoneQuestions From Committee Members and Responses:

SENATOR SPRAGUE asked Joe Brand if he was responsible for the state tags worn by the Representatives.

Joe Brand said some Senators are wearing them, and he will give one to any who want them.

Closing by Sponsor:

REP. PAVLOVICH asked the Committee to look at the language the House had put into the bill, and accept that or return the bill to its original form. He said if HJ 4 passes out of Committee, SENATOR PIPINICH will carry the bill.

HEARING ON HB 121Opening Statement by Sponsor:

REP. BRUCE SIMON, HD 18, Billings, said HB 121 allows Podiatrists to treat the ankle in addition to the foot and believes Podiatrists have the proper education and training to provide this service to the people of Montana. He made a comparison of the education between a doctor of medicine and a doctor of podiatric medicine. In Montana, doctors of podiatry cannot

perform surgery on the ankle, but have to go out of the state to perform the surgery. There are about 30 states which allow Podiatrists to perform surgery on the ankle, but Montana is not one of them. He said this is a consumer choice issue and can provide additional opportunities to access physicians they want.

Proponents' Testimony:

Loren Rogers, D.P.M., Missoula, said he is Board Certified in foot and ankle surgery, has been in Missoula for 21 years and has hospital privileges in 6 hospitals. He spoke of the history and evolution of podiatric medicine and said their level of excellence has progressed to a point where they can offer people the opportunity to have well-trained experts in the treatment of foot and ankle problems. He asked the Committee's support of HB 121.

Dr. James Clark, Great Falls, spoke about the education and training for podiatrists. He said many have done advanced training in lower extremity trauma and surgery on the foot.

Dr. Scott DeMars, Billings, President, Montana Podiatric Medical Association, said passage of this bill can attract higher quality podiatric physicians to the State. If it is passed, that doesn't mean that all podiatrists are going to start doing ankle surgery, because all are not trained to do ankle surgery. He said credentialling by the hospital where the surgeries are being done is where the individual physician will have to show he is qualified, has the training, and produce the credentials to do ankle surgery. He submitted information about the education, training, and licensure of podiatric physicians. EXHIBIT 1.

Dave Andrew Wolfe, Podiatric Physician practicing in Billings, spoke from written testimony in support of HB 121. EXHIBIT 2 (see Testimony section of EXHIBIT 1)

John Beighlie, Podiatric Physician from Missoula, said he supports HB 121 and urged the Committee to support the bill.

Peter Freund, D.P.M., Helena, asked the Committee's support of HB 121.

Opponents' Testimony:

Bill Bloemendaal, Orthopedic Surgeon, Great Falls, read his written testimony in opposition to HB 121. EXHIBIT 3.

Greg Tierney, Orthopedic Surgeon, Great Falls, read his written testimony in opposition to HB 121. EXHIBIT 4.

Lea Gorsuch, Orthopedic Surgeon, Great Falls, read her written testimony in opposition to HB 121. EXHIBIT 5.

Keith Bortnem, Osteopathic Physician, Great Falls, read his written testimony in opposition to HB 121. EXHIBIT 6.

SENATOR BURNETT relinquished the Chair to SENATOR BENEDICT.

Questions From Committee Members and Responses:

SENATOR KLAMPE asked if a Podiatrist could do a history and physical for someone with a fractured ankle.

David Wolfe said he has worked in a trauma center, and they do full history and physicals, but they are not internal medicine doctors and neither are orthopedic surgeons. He completes the podiatric history and physical, then has an M.D. do a history and physical. The emergency room physician at the hospital can do the history and physical for patients needing emergency ankle surgery.

SENATOR KLAMPE asked if surgery below the ankle requires a history and physical.

David Wolfe said yes, he does a full podiatric history and physical plus a medical doctor's history and physical.

SENATOR BAER said he is concerned with the prerequisite qualifications and training podiatrists receive to do the procedures lawfully permitted to do, and specifically, how far do those procedures go.

David Wolfe said he is allowed to do any soft tissue work below the knee and the bony foot in the State. But, in their training to be a good prudent physician, they have been taught by M.D.'s, D.O.'s, and D.P.M.'s to know when to quit, when to refer to a vascular surgeon, and when to refer to a neurosurgeon.

SENATOR BAER asked if there are any guidelines set by their credentials or Boards as to how far they can go, and are limitations set.

David Wolfe said he can diagnose and treat all soft tissue below the knee and the bony foot.

SENATOR BAER asked about the increased complexities of working on the ankle area.

David Wolfe said that is not true. There are foot procedures that are much more technical and difficult.

SENATOR BAER asked what percentage of ankle cases require extensive procedures outside the realm of podiatric competence.

Greg Tierney said it would vary, depending on the community. The larger communities serve as secondary referral centers for outlying areas of the state, and probably most of the ankle

problems treated by podiatrists are routine in the outlying areas.

SENATOR BAER said he is concerned about the limitations involved and how they are established by the Podiatrist Board and Medical Board, and also concerned about the competence and training required to treat all of these procedures.

Greg Tierney talked about becoming Board eligible or Board certified orthopedic surgeons, and said they have a 5-year residency, then written licensing exam, and osteopathic physicians have similar training, but have on-site examinations by osteopathic physicians. He doesn't think the podiatrists have a single Board that encompasses all of podiatric medicine, and doesn't think that their post-graduate training varies from podiatrist to podiatrist, so their training and experience varies. He said they are not concerned about podiatrists such as **Dr. Wolfe** who has expert training in the treatment of the ankle, but do not want to change the definition to all podiatrists as foot and ankle surgeons, such that those who are properly trained and credentialed can perform ankle surgery.

SENATOR FRANKLIN asked about traumatic injuries and obstacles encountered in treatment, and what are some of the non-traumatic ankle conditions that would be treated by a podiatrist.

Scott DeMars said the vast majority are traumatic injuries, such as sprains, fractures, or bone tumors. He said his training is not at the level of **Dr. Wolfe** and he won't be performing ankle surgery, unless he goes back to school for more training.

SENATOR FRANKLIN asked if podiatrists are currently under the Board of Medical Examiners, about the kind of peer review process goes on in podiatric medicine, and those who may present a threat by performing procedures beyond their scope of expertise.

Scott DeMars said the Montana Podiatric Medical Association has a peer review committee, as does the Board of Medical Examiners, and the Boards address those issues.

SENATOR MOHL asked about a bone graft for a fractured ankle having to be performed by an orthopedic surgeon, and if that was necessary for treating the foot, could a podiatrist perform that procedure.

Dr. Bloemendaal said it is possible for a bone graft to be required for the foot, but a podiatrist could not do that procedure. A podiatrist could not take a bone graft from the iliac crest for any procedure, but would have to call in an orthopedic surgeon.

SENATOR ECK said they have been told that a lot of podiatrists would not be credentialed to perform ankle surgery, but who

decides. Is it the hospital credentialling committee or the Board of Medical Examiners.

Jerry Loendorf said the Board of Medical Examiners makes a decisions as to the license, and podiatric license is issued to authorize what is authorized by the statute. There may be circumstances where limits are put on the license. A hospital controls its staff, so the surgery performed in a hospital is performed by staff credentialed by the hospital. But a hospital has no control over surgery performed out side a hospital.

SENATOR ECK asked what guarantees those who do not have the proper training will be prevented from performing ankle surgery.

Dr. Wolfe said even if the scope of practice is upgraded to include the ankle, it won't mean that all podiatrists can do ankle surgery. The hospital credentialling process limits the doctors to performing only those procedures for which they feel the individual is trained and qualified to do. Many podiatrists are not qualified to do surgery and they are screened at the hospital level.

SENATOR ECK asked about out patient surgery centers.

Dr. Wolfe said he is familiar with ones in Butte and Billings, and they use the same credentialling process as do hospitals.

SENATOR SPRAGUE asked **Dr. Wolfe** if this is really a matter of turf, how he can work on the foot when other parts of the leg are involved, and if a foot is injured whether the ankle probably is injured also.

Dr. Wolfe said that is true. He said recently he performed a reduction of a talus fracture, the bone which connects the foot and ankle. Under Montana law, he can work on this, but can't go higher because it's outside the law. He said the argument about podiatrists wanting to do knees and hips is bogus because their national association has set the limit for podiatrists at the ankle. He said they are permitted to work on the soft tissue below the knee and this tissue affects the foot, and they need to be able to work on the soft tissue to fix the foot.

SENATOR SPRAGUE asked when is there a limit and whether the knee bone is the same as the ankle.

Dr. Wolfe said they are not the same and the limit is set at the foot an ankle by their national association. They are not trained beyond the foot and ankle.

SENATOR SPRAGUE asked if they can operate on the tibia.

Dr. Wolfe said no, but they can operate on the soft tissue, the blood vessels and nerves below the knee, but, in Montana, cannot operate on any bony structure other than the foot.

Closing by Sponsor:

REP. BRUCE SIMON said there has been a good discussion, and asked the Committee to think about what may be good for the public. He said all podiatrists will not be doing ankle surgery because many are not trained to do so. Because there is a lot of education and training involved in becoming a podiatrist and doesn't think they would risk their career by doing procedures for which they are not adequately trained. These people are not asking to be orthopedic surgeons, who have more training because they work on more parts of the body, but podiatrists have specialized on just the foot. {Tape: 1; Side: 2} They are very well trained for their specialty, and would not perform those procedures outside their training and credentialling. Hospitals will protect themselves from lawsuits by granting credentials to those doctors whose training and experience satisfies their standards before allowing them to practice in their hospital. Those who are adequately trained will perform the allowed procedures in their medical specialties, and those who are not will not.

HEARING ON HB 169Opening Statement by Sponsor:

REP. SCOTT ORR, HD 82, Libby, said HB 169 is not about dispensing dangerous drugs, but pharmacists cannot fill a prescription for someone whose doctor or dentist is not licensed to practice in Montana. This is especially a problem for those who live on periphery of the state and go to a doctor or dentist in a neighboring state, then cannot have a prescription for a controlled drug filled in their home town in Montana. These are drugs like codeine, Tylenol III, amphetamines, etc. This bill would allow pharmacists in Montana to be able to fill these prescriptions without having to have a duplicate prescription written by a doctor or dentist in Montana.

Proponents' Testimony:

Jim Smith, speaking on behalf of the Montana Pharmaceutical Association, spoke from his written testimony in support of HB 169, which would give Montana pharmacists the authority to fill prescriptions written by practitioners from other states.
EXHIBIT 7.

Jim Seifert, Troy, Montana, said he lives in the N.W. corner of the State and their basic medical center is not in Montana, but is in Spokane, Washington and Couer d' Alene, Idaho. People from the Troy area go to the cancer treatment center in Couer d' Alene, have their treatment, and come home with prescriptions for antibiotics and pain pills. He can fill the antibiotic prescription but cannot fill the pain pill prescription, which is

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE _____

3/3/95

[illegible]

SEN:1995

wp.rollcall.man

CS-09

MONTANA PODIATRIC MEDICAL ASSOCIATION

HOUSE BILL 121

*Montana Podiatric Medical Association
36 South Last Chance Gulch, Suite A
Helena, Montana 59601
Phone: (406) 443-1160 FAX (406) 443-4614*

The original of this document is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

Prepared for the
Senate Public Health, Welfare and Safety Committee
Hearing

Friday, March 3, 1995

DECLARATION OF D. ANDREW WOLFE, D.P.M.

DATE 3/3/95BILL NO. HB 121

1 I, David Andrew (Andy) Wolfe, D.P.M., hereby declare:

2 1. I am a doctor of podiatric medicine licensed by the Board
3 of Medical Examiners and am in active practice at 1690 Rimrock
4 Rd., Suite L, Billings, Montana. I am a third generation
5 Montanan and have come from a long line of health care
6 practitioners including a dentist and two medical doctors
7 providing service to Montanans in Columbus and Bozeman.

8
9 2. Like most doctors of podiatric medicine, I took a
10 pre-medical curriculum in undergraduate school. I attended
11 Carroll College and Montana State University at Bozeman
12 and graduated from MSU participating in the University Honors
13 Program. Other academic honors including Alpha Epsilon Delta
14 (Pre-Medical Honor Society), Mortar Board and Phi Kappa Phi.
15 Upon graduation I had difficulty deciding which of the three
16 branches of medicine that I wanted to pursue. Allopathic
17 medicine (Medical Doctor/M.D.), Osteopathic Medicine (Doctor
18 of Osteopathy/D.O.) and Podiatric Medicine (Doctor of
19 Podiatric Medicine/D.P.M.) all had their merits. It was at
20 the MSU Career Center that I learned the Federal Government
21 performed a study and rated podiatric medicine among the top
22 ten professions to participate in the 1990's based on need.
23 It was explained to me that there is a projected shortage of
24 foot and ankle providers as the "baby boomers" in the American
25 population age. Thus, I chose to become a podiatric

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 physician. In professional school, prospective podiatric
2 physicians receive their curriculum at one of seven podiatric
3 medical schools in the United States. I was fortunate
4 in receiving a WITCHE scholarship from the State of Montana
5 which paid for a significant portion of my tuition. The
6 course of instruction leading to the degree of Doctor of
7 Podiatric Medicine (D.P.M.) is four years in length. The
8 first two years are largely devoted to classroom instruction
9 and laboratory work in the basic medical sciences. This
10 includes microbiology, biochemistry, pharmacology, pathology
11 and both gross and lower extremity anatomy. These first two
12 years of instruction are very similar to the allopathic
13 medical schools. Some of my instructors taught the exact
14 same classes in another nearby medical school. During the
15 third and fourth years, as students we concentrated more on
16 clinical courses. Although we studied some general medicine,
17 emergency medicine and general diagnosis, this was where a
18 podiatric education diverged with an allopathic education.
19 We concentrated far more on the lower extremity and began to
20 specialize. Toward the end of my fourth year, I participated
21 in externships at large teaching hospitals. These included
22 San Francisco General Hospital, Fifth Avenue Medical Center in
23 Seattle, Kaiser-Vallejo Hospital and Ft. Miley Veterans
24 Administration Hospital. Often, the orthopedic resident
25 doctors that I worked along-side in these hospitals relied

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 upon my expertise in foot and ankle problems when managing
2 lower extremity pathology. After obtaining the degree of
3 Doctor of Podiatric Medicine (D.P.M.) and passing national
4 board examinations, I participated in a two year surgical
6 residency program. This post-doctorate training required
7 me to be a resident physician at Western Medical Center.
8 This was a major shock trauma center located in Orange County,
9 California. The attending physicians overseeing my work and
10 teaching me were Medical Doctors, Doctors of Osteopathy and
11 Doctors of Podiatric Medicine. In the first year, my
12 rotations included pathology, anesthesia, general surgery,
13 general medicine and podiatric surgery. I assisted in many
14 types of surgeries throughout the body including the foot and
15 ankle. In my second year, my rotations were much more
16 limited to the foot and ankle and the attending physicians
17 under whom I learned were primarily podiatric surgeons and
18 orthopedic surgeons. During both years I rotated through the
19 emergency room treating a variety of problems including
20 everything from ankle fractures to heart attacks and even
21 delivering babies while under the supervision of the
22 emergency room attending physicians. It was here I received
23 advanced cardiac life support certification. I worked in my
24 residency program over 120 hours a week for two years straight
25 with no time off.

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1
2 3. Upon return to my native state, I was chagrined to learn
3 that although Montana helped finance me to become a foot and
4 ankle specialist, I could not practice on the ankle because of
5 an archaic practice act. This was set into place back in
6 the days when podiatric physicians did not receive ankle
7 training as part of their standard curriculum and practiced
8 only on the feet. To keep my skills sharp, I have been forced
9 to take my patients with ankle problems requiring bone surgery
10 out of state. Not only does this pose a significant
11 inconvenience to my patients, but revenue generated by these
12 surgeries is going to out of state hospitals and is not
13 supporting our own community hospitals. For those cases that
14 are emergent and require immediate surgery, I have been forced
15 to pass the patient off to an orthopedic surgeon. Some
16 patients have complained that they specifically wanted a
17 specialist and that is why they came to me. I have been
18 forced to explain that, although I was trained to diagnose
19 their problem and perform their surgery, I cannot legally
20 treat them within the Montana borders at this time.
21
22

23 4. The Montana Podiatric Medical Association is concerned
24 about the difficulty in attracting the most skilled and
25 highly trained foot and ankle specialists to this state when

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 a podiatric physician can only practice a fraction of what
2 they were trained to do under the existing Montana law. I
3 know of one case in Bozeman already where an excellent
4 surgeon passed up Montana because of our practice act.
5

6 5. To include the ankle in the practice act does not mean
7 that every podiatric physician can perform ankle surgery.
8 Surgeons must prove proper training for every procedure
9 they wish to perform to the hospital credentialing
10 committee. This written application for each of the specific
11 surgeries the physician wishes to perform is reviewed and
12 temporary privileges are either granted or denied based upon
13 the findings of the credentials committee. If temporary
14 privileges are granted, the surgeon must then perform this
15 procedure with a proctor present for as many times as the
16 credentials committee sees fit. At any time, if incompetence
17 is noted, privileges to perform the surgery can be denied.
18

19 6. Inclusion of the full range of podiatric services into
20 this state's practice act will give Montanans a chance to
21 receive their care from a specialist and provide them a
22 better choice of health practitioners to choose from.

23 Increased competition for the health care dollar can only
24 benefit the consumer requiring service. On behalf of the

DECLARATION OF D. ANDREW WOLFE, D.P.M.

1 Montana Podiatric Medical Association, I strongly advocate
2 that the Practice Act for Podiatric Physicians be made
3 current by including ankle into the scope of practice. I
4 declare under penalty of perjury that the foregoing is true
5 and correct.

D. ANDREW WOLFE, D.P.M.

HOUSE BILL 121

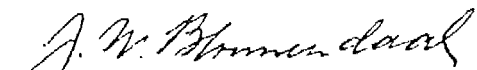
I would like to thank the Committee for allowing me to present my views today. My name is Bill Bloemendaal and I am an orthopedic surgeon who has practiced for 34 years in Great Falls. My interest in the podiatric issue was aroused when I was informed of their intent to be licensed to perform ankle surgery.

First let me tell you that the orthopedists in Great Falls have helped the podiatrists to obtain their original hospital privileges and have worked well with them since. I am 65 years old and I have no economic interest in their ability to operate on the ankle. My interest is purely a quality issue and what is best for the patient.

In looking over my surgical statistics, I probably average three fractured ankles a month. This represents 36 ankles a year or in 34 years, I have treated approximately 1200 ankle fractures. With all my experience and training, I still have a great deal of difficulty treating certain types of ankle fractures.

To illustrate one example of the podiatric nightmare this could create, if podiatrists choose to treat ankle fractures, they would have to take them all as an orthopedist does. If an open, compound fracture-dislocation of the ankle with disruption of the articular surface comes in at 1:00 A.M., this fracture has to be treated immediately as it is an acute emergency. The podiatrist is not allowed to do a history and physical as an M.D. or D.O.. This allows for further delay in the middle of the night for another physician to come in and evaluate the patient. Secondly, some of these articular surface disruptions require bone grafts from the hip (iliac crest). Podiatrists are not allowed to take bone grafts and an orthopedist would have to be called in. This adds materially to the cost, is time consuming and results in poor patient care. When I came to Great Falls 34 years ago, there were 12 orthopedists in the State. As of 1994, there were 86 listed in the MMA directory. These needs are currently being taken care of in the orthopedic community and the above illustration is just one example of why podiatrists are improperly prepared to handle these ankle cases.

I urge the Committee, for the sake of quality care to the patient, to reject House Bill 121.



J.W. Bloemendaal, M.D.

3/3/95

EXHIBIT 3
DATE 3-3-95
31 HB 121

NAME B. I. Bloemendaal
ADDRESS 2800 11th Ave. S. Great Falls M.T.
HOME PHONE 454-1542 WORK PHONE 761-1410
REPRESENTING _____
APPEARING ON WHICH PROPOSAL? HB-121
DO YOU: SUPPORT _____ OPPOSE ☒ AMEND _____

COMMENTS:

WITNESS STATEMENT

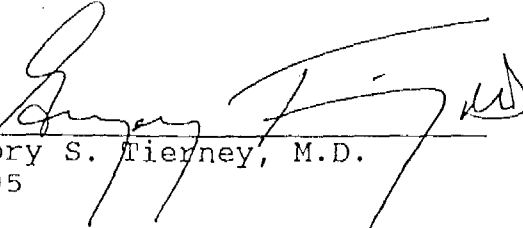
PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

HOUSE BILL 121

My name is Greg Tierney and I'm an orthopedic surgeon in Great Falls. You have previously received a position statement from some of us in Great Falls espousing our more extensive views on this topic and I would like to thank the committee for the opportunity to speak to you today.

The health care arena is expanding rapidly and becoming more complicated. The term physician has essentially been folded into a catch-all vernacular term of health care provider. We have seen expansion of the provision of health services by a variety of professionals including chiropractors, nurse practitioners, physician assistants, naturopath's, massage therapists, etc. with justification of their qualifications often predicated on the fact that they are licensed by their State. No one can ask you, as legislators, to recognize what constitutes appropriate training in a particular medical field. As an orthopedic surgeon, I have recognized podiatrist training in medical and surgical management of problems related to the foot, but I feel extension beyond that region essentially constitutes orthopedic surgery without undergoing the more extensive training that the specialty requires. We as orthopedists have concerns that legislative change in the definition of a care provider may give carte blanche to any and all doctors of podiatric medicine who have had inadequate or no training to represent themselves as foot and ankle physicians. Although one can argue that this can be addressed at hospital credentials committees on a local level, many DPM's lack these hospital privileges and treat patients and operate entirely out of their own offices and surgery centers which require no such credentials process. All we can ask as citizens is that your actions reflect the best interest of the public you serve and I feel as an orthopedic surgeon that recommendations to you in regards to changing licensing definitions of health care providers should rest with the Board of Medical Practice rather than with the practitioners who would most benefit from this change.

We understand the desire of properly trained health care providers to expand the scope of their practice to include areas of special interest or expertise that they may have. We only hope that this can be accomplished without opening the door to the use of a frequently unsuspecting and unknowledgable public as a training ground for this expansion.



Gregory S. Tierney, M.D.
3/3/95

COMMENTS:

COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

HOUSE BILL 121

Thank you very much for the opportunity to speak. My name is Lea Gorsuch. I am an orthopedic surgeon in Great Falls, Board certified in Orthopedic Surgery with a Certificate of added qualification for Hand Surgery. As a surgeon, when my patients are faced with a difficult medical decision they will often ask me what I would do if I were faced with this same medical decision. As you decide what to recommend to Montanan's, I ask you to decide who you would recommend to operate on your child's ankle or your ankle, someone with 4 years of training or someone with a minimum of 9 years of training.

I am often asked how long it takes to become an orthopedic surgeon. I spent 4 years in medical school at Creighton University in Omaha, Nebraska, 1 year of general medical internship at Valley Medical Center in Fresno, California, 4 years in orthopedic residency training at the Mayo Clinic in Rochester, Minnesota, and 1 year at the University of Pennsylvania doing a fellowship specifically in hand surgery. In the State of Montana, there is not one Board eligible or Board certified orthopedic surgeon who has spent less than 9 years in training. Many, like myself, have spent 10 years or more in after college training.

While we have reservations at times about the podiatrists indications for surgery, that is, when to operate and when not to operate, we have nevertheless maintained a relationship which we feel benefits our patients. However, we do not think their training is sufficient to extend to the ankle. A first year orthopedic resident can be trained in the basics of technical surgery, but the judgement needed for when to operate and what type of procedure should be done is simply beyond the truncated training programs of the podiatrists. The ankle and its complexity and the complications associated with operating on an ankle are a whole different ballgame than the foot. Let me illustrate: If a podiatrist and I started college on the same day, four years later we would both graduate from college. If he then entered podiatry school and I entered medical school, 4 years later the podiatrist is licensed to operate on your foot. However, it will take another 5 years plus possibly a fellowship before the orthopedist can be licensed to operate on the foot. The American Academy of Orthopedic Surgeons feels that it takes this amount of training to turn out an orthopedic surgeon who is well versed in the indications for surgery, the ramifications of surgery, the ethics associated with surgery, as well as the technical aspects of surgery. It is unlikely that the general public is aware of this discrepancy in training. To license the two disciplines equally for ankle surgery is misleading at best. The last years of training are to a large part spent in teaching the surgeons not to allow their technical ability to extend beyond their judgement. With less than half the time spent in training, it is simply not possible for the podiatrists to have the experience and judgement of an orthopedist. We therefore urge you to reject this Bill increasing the scope of podiatry to the ankle.


W. Lea Gorsuch, M.D.
3/3/95

HOUSE BILL 121

Thank you for allowing me to speak to you today. My name is Keith Bortnem and I am an osteopathic physician, Board Certified to practice general orthopedic surgery.

I feel the heart of this issue is the quality of health care provided to the citizens of Montana. Quality health care can only be provided by comprehensively trained practitioners. As an osteopathic physician and surgeon, I am particularly sensitive to the issues of proper training and credentialing. Traditional orthopedic surgery programs require a minimum of nine years of post-graduate training. I am very concerned about this attempt to change the definition of podiatry to include the ankle. This opens Pandora's box to any and all doctors of podiatric medicine who have had inadequate or no training at all to represent themselves as foot and ankle physicians. You can today, with the stroke of a pen, allow anyone to do anything, so why stop at the ankle? Why not expand to the knee, the hip, the spine? I feel this presents serious safety concerns to the people of Montana.

Lastly, I feel there are some very important economic issues to evaluate when adding or deleting any component to health care delivery systems. Changes are necessary to provide improved health care, more efficient delivery, and to reduce costs. The needs of our citizens in regards to ankle care are currently being met in an expert and timely fashion. Adding alternative care providers will not improve the standard of care. Podiatry fee schedules for procedures about the foot are frequently higher than those of orthopedic surgeons. There will be more procedures being done, many unnecessary, resulting in overall increased medical costs.

I urge you as legislators making important decisions for the people of Montana to reject House Bill 121.

Thank you.



Keith D. Bortnem, D.O.

3/3/95

NAME Keith Bortnem, D.O.
ADDRESS 5301 Fox Farm Rd. Great Falls, MT 5
HOME PHONE 774-8347 WORK PHONE 761-1410
REPRESENTING _____
APPEARING ON WHICH PROPOSAL? HB 121
DO YOU: SUPPORT _____ OPPOSE X AMEND _____

COMMENTS:

WITNESS STATEMENT

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRET

DATE 3/3/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HJ 4, HB 121,
HB 169, SB 410

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Check One

Name	Representing	Bill No.	Support	Oppose
Michael J McIntey	Beaverhead Meats	SB 410		X
Mac-Zetta-Carelli	C & C Meats	SB 410		X
Herbert Winsor	Self (Veterans)	HJ 4	X	
John Sloan	Veterans	HJ 4	X	
Herb Ballou	M.O.P.H.	HJ 4		
T.S. LAURENS	STAMPED PACK WHITE PSL CUSTOM	SB 410		X
Dick Baumberger	DAV	HJR 4	✓	
Judy van der Hagen		SB 410	✓	
Scott DeMars	MPMA	HB 121	✓	
Bill Wells	Self	SB 410		X
Loren Rogers DPM	HB 121 Self	HB 121	✓	
She Weingarten	Montana Pediatric Med. Assn	HB 121	✓	
JOHN BEIBLKE	MONTANA PEDIATRIC ASSOC.	HB 121	✓	
D.A. Wolfe DPM	Self	HB 121	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 3/3/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: HJ 4, HB 121,
HB 169, SB 410

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Check One

Name	Representing	Bill No.	Support	Oppose
TED ROTTENBUR	Roberts Packing	410		X
Jim Clough	Mattana Podiatric Med. Assn	121	X	
Glenn E. Johnson	See	410		X
Joe Brand	REU	HJ 4	X	
PETER A. FREUND	Mt Podiatry	121	X	
John Blomquist	Mt. Stockpones	410		X
Cork Montenson	Board of livestock	410		X
SCOTT ORR	HD 82	169	X	
Malcolm Good	Podiatrists	121	X	
Dan Thompson Boone	Pharmacist	169	X	
Nancy McLaughlin	Nancy's Party Shop	410		X
Jim Elliott	HD 72	169	X	
KENNEDINE L. JOHNSON	OPI	410		
Ted Lange	NPRL	410		X

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE 3/3/95SENATE COMMITTEE ON Public HealthBILLS BEING HEARD TODAY: HJ 4, HB 121,
HB 169, SB 410

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PLEASE PRINT

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Check One

Name	Representing	Bill No.	Support	Oppose
Jim Smith	MT. R. Assoc	169	X	
GREG TIERNEY		HB 121		X
Lea Gonsuch		HB 121		X
Keith Bortnem		HB 121		X
Jim Jaffer	Pharmacist	169	X	
Marcella Barnhill	Pharmacist	169	X	
Bill Bloemendahl		HB 121		X
Glenn Restvedt	Retail Meat Business	SB 410		X
Wayne A. Hedman	Pharmacist	169	X	
Jerry Dolson	2-55 meat & Saus	SB 410		X
Linda Tringman	C&L MEATS	SB 410		X
Leonard Tringman	C&L MEATS	SB 410		X
Thomas R. McCay	C&C MEATS	SB 410		X
Lyle Hoppel	Hoppel's Clean-Put Meats	SB 410		X

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

be dealt with, in his view, is complete speculation. He said talked about the current privacy provision in Montana law and about opinions at the Federal level, and the abortion right is on shifting ground.

Closing by Sponsor:

REP. SMITH referred to the Vermont study statistics stated in previous testimony, and to Simon Heller's statement that this bill was brought to the Legislature by the terrorists who burned the offices in Kalispell. She said she strongly objects to that inference because she had nothing to do about burning down a building, nor does she want to associate with anyone who does.

{Tape: 2; Side: 1}

She said this is about womens' health and is not an anti-abortion bill. She said abortion is legal in Montana and all 50 states. If the law is made more lenient because of access, there could be health care providers performing various procedures for which they are not trained. There needs to be access to quality health care. This is a womens' health and safety issue. She read a paragraph by Jane Hodgson, a doctor who does abortions. She said, "When I first started doing abortions, I took my Boards in Obstetrics and Gynecology. Therefore, I knew I was competent to do abortions. When I did my first few hundred, I realized how silly I had been in my previous view point. At this point, having done somewhere around 12,000 procedures, I'm beginning to think I'm reasonably competent. I don't think you can train someone to do first trimester procedures quickly." She quoted President Clinton saying abortions should be safe, legal and rare.

{Comments: lost 10 minutes Executive action, microphone not working.}

EXECUTIVE ACTION ON HB 121

Motion: SENATOR MOHL moved HB 121 BE TABLED.

Discussion: SENATOR MOHL said he wants the bill tabled because he thinks the Board of Medical Examiners should make this decision. He said he didn't think he was capable of making this decision.

SENATOR SPRAGUE referred to the Board of Medical Examiners and said there needs to be a starting and stopping point on this issue. The Board needs to define limitations and scope of expertise. He posed the question, if they have the skill, do they have the right.

SENATOR BAER said the bill was drafted in good faith, but he criticized the Board of Medical Examiners who are supposed to

make this kind of judgement. He agreed with SENATOR MOHL, saying, it's a difficult decision to make without foundation, and the Board must decide whether Physician Assistants are qualified to do the procedure. He wondered why there are not better guidelines.

SENATOR KLAMPE said he thinks there needs to be an interim study of the Board's competency. This is a turf issue and it's time to make a change in the process. He supports tabling the bill.

Vote: The motion for HB 121 BE TABLED PASSED, 5-4 ROLL CALL VOTE.

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE 3/10/95

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PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 3/10/95 BILL NO. HB 121 NUMBER

MOTION: Table

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Vote: The Do Pass motion for the Amendments to SB 385 CARRIED UNANIMOUSLY.

Motion/Vote: SENATOR ECK moved SB 385 DO PASS AS AMENDED. The motion CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON HB 121

Motion: SENATOR BAER moved HB 121 be brought up for discussion and consideration.

Discussion: SENATOR MOHL said he doesn't think it is the Legislature's job to decide whether Podiatrists are qualified to expand their scope of practice. He said tabling the bill is the only way the Medical Board will be forced to do their job.

SENATOR BURNETT said these issues will never stop. There will always be some of this type of issue brought before the Legislature.

SENATOR MOHL said he thinks it should be up to the Medical Board to decide, and if someone has a degree in a particular field, they should stay within the boundaries.

SENATOR BAER said he agrees with SENATOR MOHL regarding the problems with the Boards and their lack of accountability and responsibility. He has been convinced this bill has merit because hospital administrators and those on hospital boards have made decisions based on tests of competence, education and ability of these podiatrists who are specially trained in this type of surgery to perform in their operating rooms. He said this is a tremendous liability situation for these hospitals, and if a hospital is willing to accept this liability, based on their faith, trust and competence, he will support this bill.

SENATOR FRANKLIN recalled the testimony about hospital credentialling that SENATOR BAER talked about, does cover those who have hospital privileges, but there are those who could be in free-standing centers that are not subject to that credentialling.

SENATOR ECK said she is not concerned about that particular issue. She wonders if all the definitions could be taken out of what a podiatrist could and could not do, and leave it entirely to the Board of Medical Examiners to establish a scope of practice. She referred to Section 2, line 21, saying "approved by the Board of Medical Examiners" could be added and that would be a step in that direction. She said she supports SENATOR BAER's motion to take HB 121 off the table.

Vote: The motion to take HB 121 OFF THE TABLE CARRIED with SENATORS MOHL and FRANKLIN voting NO (by Roll Call).

{Tape: 1; Side: 2;

SENATOR BAER asked SENATOR FRANKLIN about her concern that surgery was not taking place in a hospital operating room.

SENATOR FRANKLIN said that is one of the issues of concern to her.

Motion: SENATOR BAER proposed an amendment for all surgical procedures on the ankle to take place in an accredited hospital environment.

SENATOR BENEDICT asked if it had to be a hospital environment.

SENATOR BAER said if surgery is to be performed, it should be in a surgical suite.

SENATOR ECK asked SENATOR BAER if he would consider an out-patient surgical center.

SENATOR BAER said he would if the surgery were appropriate for that setting.

SENATOR ECK said she thinks these are decisions the Legislature shouldn't make, but should give guidance to the Board.

SENATOR BAER withdrew his amendment motion.

Motion: SENATOR BAER moved HB 121 BE CONCURRED IN.

Discussion: SENATOR MOHL said he is opposed to this bill and referred to SENATOR BAER's reasons for Physicians Assistants not performing abortions (HB 442). He wondered where the line will be drawn for expanding the scope of practice for the various professions. He said there will be no saving by expanding the Podiatrists scope of practice to the ankle, and if the Board of Medical Examiners wants to change the rules and the issue comes before the 1997 Legislature, he would be agreeable to it. If the Medical Board doesn't want to address this issue, then he thinks the Legislature shouldn't address it, but leave the decision to the Board. He said he is against this bill.

SENATOR ECK said she disagrees with SENATOR MOHL because at present, the Board of Medical Examiners cannot allow surgery on the ankle because the law doesn't include that. She said the language she had suggested (approved by the Board of Medical Examiners) could be added to Section 2, line 21.

SENATOR BAER said SENATOR MOHL is right, to some degree, but he thought comparing this bill with HB 442 is completely out of context. He said a statutory situation was corrected in HB 442, but HB 121 is completely different.

SENATOR FRANKLIN said she has some concerns about the issue of practice, but there is a danger that a market for other procedures is being created. She said there are procedures done in California, by Podiatrists, creating a whole new market which adds to the lack of cost containment.

Vote: The Concur In motion for HB 121 FAILED with SENATORS BAER, ESTRADA, MOHL, FRANKLIN, and KLAMPE voting NO (by Roll Call).

PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE

3/15/95

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PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE
ROLL CALL VOTE

DATE 3/15/95 BILL NO. #B121 NUMBER

MOTION: HB 121 off table

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ROLL CALL VOTE

NUMBER

Concurrence In

X

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except in cases where the Commission needs to be involved, in case anyone wants to merge but doesn't force mergers. It allows for decisions to be made at the state level, using our own public forums and justice department, rather than being involved with the Federal Government with decisions being made 2,000 miles away. This is not a bill about merging 2 hospitals in Great Falls, but is a bill that allows the state to determine how mergers will occur.

SENATOR ESTRADA said she had asked **Charles Brooks** a question concerning the Chamber of Commerce in Billings, and wondered if he had replied.

SENATOR BENEDICT said **Charles Brooks** showed his authorization from the Billings Chamber of Commerce Legislative Committee, and because the Board does not meet frequently, neither the Board of Directors or 1,000 members had been polled, but he was doing what he had been asked to do.

SENATOR SPRAGUE said there is a need to stay focused. Great Falls has the most current problem, but this bill is a business-government process of making decisions. Hospitals are like any other business and must run like a business and make a profit to pay salaries, wage increases, nurses, doctors, etc. He said these hospitals have Boards of Directors and they have a responsibility to their shareholders and employees. He thinks this is a practical, prudent, building in dexterity if there is a need to consolidate. He said all employees of these facilities can't know all of the facts and details going into making the best executive decision for the hospital. He said this bill says we want to bring these decisions to a local level for discussions and approval.

SENATOR FRANKLIN said there are 2 legal issues and she has gotten many calls about his bill. She said **Beth Baker** had said the State would not be involved in the litigation, and if there was any litigation it would be the Federal Government and the institution, without any involvement from the state. She referred to the Attorney General letter brought up by Dr. Gorsuch, that it was a different issue, that being Federal anti-trust law, not a state-level issue. She is comfortable with it.

SENATOR SPRAGUE said **SENATOR ESTRADA** has a valid concern.

SENATOR BENEDICT said the merging hospitals pay all the costs of merging.

Vote: The BE CONCURRED IN motion CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON HB 121

Motion: **SENATOR ECK** moved the Amendments to HB 121 DO PASS.

Discussion: SENATOR ECK said these amendments clarify and makes sure the Board of Medical Examiners really looks at the certification of Podiatrists. She said the new section lists the certification requirements for ankle surgery and the Board will certify those who are qualified by education, training, and experience, or certified by the Board of Podiatric Surgery. She said the amendments address her concerns. Without this bill and the amendments, the Board could not decide who to certify because they were restricted as to what they could do.

SENATOR SPRAGUE said it was a question whether the consumer would know who is qualified and who is not. He said, with the amendments, they can be assured of who has been certified for ankle surgery.

SENATOR KLAMPE said the amendments have addressed all of this concerns.

Vote: The Do Pass Motion for the Amendments to HB 121 CARRIED UNANIMOUSLY.

Motion/Vote: SENATOR ECK moved HB 121 BE CONCURRED IN AS AMENDED. The motion CARRIED with SENATORS BAER, ESTRADA, MOHL, and FRANKLIN voting NO, by Roll Call Vote.

SENATOR SPRAGUE will carry the bill.

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL

DATE 3/24/95

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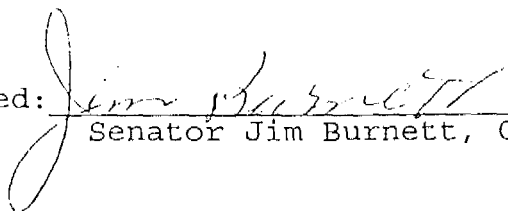
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SENATE STANDING COMMITTEE REPORT

Page 1 of 1
March 24, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration HB 121 (third reading copy -- blue), respectfully report that HB 121 be amended as follows and as so amended be concurred in.

Signed: 

Senator Jim Burnett, Chair

That such amendments read:

1. Title, line 5.

Following: "ANKLE;"

Insert: "REQUIRING CERTIFICATION BY THE BOARD OF MEDICAL EXAMINERS FOR ANKLE SURGERY; LIMITING THE SITES AT WHICH ANKLE SURGERY MAY BE PERFORMED;"

2. Page 1, line 26.

Insert: "

NEW SECTION. Section 3. Certification required for ankle surgery. Notwithstanding any other provisions in this title, a podiatrist may not perform surgical treatments of the ankle unless certified to do so by the board. The board shall certify a podiatrist whom it considers qualified by education, training, and experience or who is certified by the American board of podiatric surgery.

NEW SECTION. Section 4. Site of performance of ankle surgery. A surgical treatment of the ankle performed in accordance with [section 3] must be performed in a hospital or ambulatory surgical center licensed under Title 50.

NEW SECTION. Section 5. Codification instruction. [Sections 3 and 4] are intended to be codified as an integral part of Title 37, chapter 6, part 1, and the provisions of Title 37, chapter 6, part 1, apply to [sections 3 and 4]."

-END-

 Amd. Coord.

 Sec. of Senate

SEN. SPRAGUE
Senator Carrying Bill

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PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

DATE 6/24/95 BILL NO. HB 121 NUMBER _____

MOTION: Concur As Amended

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